



FOUNTAIN & WARREN HEALTH DEPARTMENT

PREVENT • PROMOTE • PROTECT

Commercial Septic Application

Commercial Septic Fee for new, repair, or replacement is \$125.00.

Payment methods accepted: Cash, Check, or Money Order. Do not send cash through mail.
Make check or money order payable to the **Fountain & Warren County Health Department.**

Fees are subject to change. Please verify current fees directly with the Health Department.

Permit must be issued **before** any construction, expansion, or repair begins.

Parcel # _____

Applicant _____ Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

Property Owner _____ Phone _____

Address _____ City _____

State _____ Zip _____ Email _____

Installer Name _____ Phone _____

Location of Property *(attach a copy of plat map)*

Township _____

Property Mailing Address _____

Directions to Property from Attica _____

On-Site Soil Evaluator Name _____

(attach report including slope, drainage, topographic conditions and all soil characteristics)

Source of Water Supply _____

Total Number of Bedrooms or bedroom equivalents _____

Repair _____ Expansion _____ New Construction _____

Attach the final inspection form including drawings of the entire system and related structures upon completion of the septic installation.

NOTE: A permit for the installation of an on-site sewage disposal system (septic permit) **shall lapse and be void** if work and installation has not been completed within one (1) year of issuance; thereafter, a new permit will be required.

Applicant's Signature _____ Date _____

OFFICE USE ONLY

Approved _____ Denied _____ Permit # _____

Reason for Denial: Applicant has the right to an appeal with the health department: _____
